The Maryland Child and Family Services Interagency Strategic Plan
Implementation Work Plan
Updated September 2012

Theme: **Family and Youth Partnership** - Families and youth should be well-represented, engaged and empowered in every facet of the child-family serving system - at the State and local policy levels, at the quality assurance levels, and at the service delivery levels.

Recommendation 1: The Children's Cabinet should affirm its commitment to family and youth partnership throughout the child-family serving system**.**

Strategy 1.1: The Children's Cabinet should reaffirm a policy of family involvement, engagement and partnership and ensure that all future policies reflect this commitment to family-driven practice.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Children's Cabinet publically reaffirms its commitment to family driven policies and practice models	A clear set of core values and principles is articulated by the Children's Cabinet.	GOC	2/09 - Ongoing		Inclusion in all reports required by the Children's Cabinet.	Ongoing
	As policies are developed and/or annual reviews occur, Agencies will ensure that policies ensure the practice of family involvement, engagement and partnership are reflected in all aspects of the organization (systems design, finance, management, practice and training.	DHMH DHR DJS – Betsy Tolentino MSDE	Ongoing	Policies (intake processing, pre-court supervision, shelter and detention, and treatment service planning, case management) affecting the implementation of MCASP currently are being revised. DHR completed Family Centered Practice training in FY11. All DHR caseworkers were trained on the model.	DJS is revising its policy and training policies and procedures to ensure better communication with staff and families.	Ongoing
	Agency Policy Units will review current mechanisms for integrating families into policy development and review processes, ensuring enhanced involvement occurs.	Agency Policy Unit Staff	Ongoing	DJS is developing a new policy review process which should be implemented by 6/30/11. The new policy will include process for an annual systemic review of existing policies.	DJS will work with Deputy Secretary of Support Services, Director of Training, and Region Directors to develop system for including families in policy and training development.	Ongoing
	Agency Policy Units will provide annual reporting regarding status of enhance mechanisms for family involvement to Children's Cabinet.	Agency Policy Unit Staff, CCRT	6/09 6/10		Status reports developed and submitted to Children's Cabinet.	

Strategy 1.2: Families and youth should be participants in monitoring quality assurance for programs and services.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Families are integrated into quality assurance processes across state agencies.	Agencies quality assurance and monitoring units will review current mechanism for integrating families and youth into quality assurance oversight and monitoring practices'.	Agency Quality Assurance and Monitoring Directors DJS Director of Quality Assurance (QA)	Ongoing	Youth are included in the interview process to access whether programs are addressing/meeting their needs and to ensure there are no life, health or safety risk to youth. Quality Assurance – Licensing and Monitoring collaborates with Youth Advocates and DJS Investigators who interview youth who are discharged from placement. The Quality Assurance Specialists meet or communicate with parents when there is a concern regarding licensing or monitoring.	QA – Licensing and Monitoring has been communicating with parents via telephone or in person when they have a concern/complaint regarding a program.	Ongoing

				Youth receive and complete anonymously and confidentially, detailed surveys of their experiences in all DJS facilities twice annually as part of DJS' voluntary participation in the Performance-based Standards for Youth Correction and Detention Facilities (PbS) quality assurance system. PbS is implemented by the national Council of Juvenile Correctional Administrators. The survey results are aggregated and reported to identify, monitor and improve conditions and treatment services provided to incarcerated youths using national standards and outcome measures. DJS' Quality Assurance division surveys youth at all eight state detention centers both verbally and in writing confidentially twice yearly to ensure detention services are safe, that youths' needs are met, and to elicit suggestions on improvements that can be made in each facility.		
	Youth Advisory Councils will be reviewed to ensure full utilization and support is provided for their success. Where realignment is necessary, a proposal will be developed and submitted for review to Children's Cabinet.	GOC – Michael Hawkins and Christina Drushel Other Agencies	Ongoing	Monthly meetings of the Maryland Youth Advisory Council (MYAC) have been convened since November, 2009. MYAC members are participating in the Ready by 21™ Action Plan review and implementation and the State's Partnership to End Childhood Hunger initiative. MYAC continues to meet on a regular basis. In FY12, regular meetings were held on 10/22/2011, 12/17/2011, 1/14/2012 and the Public Forum was held on 3/10/2012.	Each year, GOC recruits youth members 14-22 years of age fill MYAC member vacancies.	Completed
	Review current councils and advisory committees to ensure that full family participation is occurring and supported appropriately. Where family membership has lapsed, ensure that new family membership is recruited.	GOC Staff	2/09	A second parent representative to the Advisory Council for Children was appointed in 2010. In accordance with HB 840 (2011), the Children's Cabinet will designate additional individuals to serve on the SCC on a rotating basis to represent family members or family advocates and youth or youth advocates. DJS has added a youth member to State Advisory Board.	The Children's Cabinet is currently recruiting for parent representatives for the SCC. MYAC will reach out beyond existing boards to get youth participation and input.	Ongoing
	Stipends will be provided for families and youth when they are asked to participate in councils and as advisory committee members.	GOC – Michael Hawkins and Christina	Ongoing	Submitted a letter of intent to Starbucks –Youth Initiative grant program to provide stipends to local youth led anti-hunger initiatives. Application was	Continue to explore funding opportunities. MDOD is working with another partner to obtain youth feedback on the Governor's	Ongoing

		Drushel		denied in December, 2009. A parent or parent advocate who is a member of the Local Care Team (LCT) may receive compensation in accordance with the provisions of HB 840 (2011). DJS provides stipends for youth who participate in CORPS program in Baltimore City. DHR provides stipends for youth member officers of the Youth Advisory Board.	Interagency Transition Council (IATC).	
	Agency Quality Assurance units will provide an annual report regarding status of enhanced roles for families in quality assurance mechanisms.	Agency Quality Assurance Directors Ertha Sterling-Garrett – DJS Linda Carter - DHR	6/10			

Strategy 1.3: Children's Cabinet Agencies should be mindful of how legislation affects children and families and comment to that effect in position statements issued on legislation that each Department reviews.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Legislative Position Statements include analysis of potential impact on children and families.	CCRT will create a legislative briefing for Agency Legislative Liaisons to ensure that all position statements incorporate statements regarding the legislations impact on children's and families, based on the core values and principles articulated by the Children's Cabinet.		Legislative Session – 2009 and 2010	For bills that require interagency support, the Children's Cabinet Agencies collaborate to develop and brief on each Agency's position to ensure consistency.		Ongoing
	CCRT and legislative liaisons will collaborate to ensure that the liaisons are provided the necessary support and timely responses to fulfill this commitment.		Legislative Session – 2009 and 2010	Same as above.		Ongoing

Strategy 1.4: Families and youth should be involved in the development and provision of trainings in order to model the partnership in front of the participants and to ensure that family perspective is a dimension of all trainings.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Family perspectives are integrated in all dimensions of trainings.	Agency staff responsible for training or training contracts will review current training and technical assistance models for family and youth involvement in development and delivery of training and technical assistance.		Ongoing		DHR - Representation on FCP Oversight Committee	
	Identify opportunities to partner with families and youth to develop and provide training and technical assistance.		Ongoing		DHR - Representation on FCP Oversight Committee DHR is developing a Family Advisory Committee composed of representatives of	

					biological families of children in foster care and other families served.	
	Agency staff will provide an annual report regarding enhanced involvement of families and youth in training to the Children's Cabinet.	Children's Cabinet Agencies	6/09 6/10		Report developed and submitted to Children's Cabinet	

Theme: **Family and Youth Partnership -** Families and youth should be well-represented, engaged and empowered in every facet of the child-family serving system - at the State and local policy levels, at the quality assurance levels, and at the service delivery levels.

Recommendation 2: Families and youth should be full partners in identifying their strengths and needs, and planning the services and supports in which they are participating**.**

Strategy 2.1: Families and youth should be involved whenever key service decisions are made regarding their own families.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Child Family Team models will be implemented across populations and in all jurisdictions.	DHR will finalize the Child Welfare Family Centered Practice Model, including the Family Involvement Meeting model. Implementation will begin by April 2009.	DHR FCP Coordinator		FCP model finalized 6/09. FIM policy 8/09. Completed statewide training 6/10.	Development of local implementation plans. TA being provided to locals on FCP implementation	Completed
	Agencies will identify opportunities for cross training of staff to include providers.	DHR FCP Coordinator		9 sessions have been completed. 3 are scheduled before the end of the calendar year. Future trainings will be offered quarterly.	Provider training is ongoing – offered quarterly.	Ongoing

Strategy 2.2: Families and youth should be fully informed and engaged in the completion of their own functional assessments.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Families and youth understand evaluations, assessments, and screenings.	Clinical subcommittee under the state advisory board. Look into who is asking for the assessments and making sure they understand the differences between them (judges/masters, etc.)	DJS - State Advisory Board (SAB) Subcommittee Dr. Rogan	Ongoing – CY09	Reviewed DJS contracts and quality of deliverables. Dr. Zachik (DHMH) co-chaired with Master Wolf. Assessments have been reviewed for psychiatric, psycho-social, and sexual abuse/risk. Templates were developed and implemented to ensure consistent use of assessments.	Progress is reported to the SAB at bi-monthly meetings. Continue to meet with stakeholders to review materials and provide final recommendation to the full membership of the SAB.	Completed Monitoring of implementation is ongoing.
	A series of briefs regarding assessment and screening tools currently used in Maryland will be created and widely disseminated.	Maryland Coalition, Innovations In				

Theme: **Interagency Structures -** Interagency structures need to be redesigned to support the culture shift to a more individualized, family-centered service delivery system. Communication needs to flow easily between the state and local levels, as well as between and across agencies, systems, community members and families.

Recommendation 1: The Children's Cabinet should ensure that there are regular opportunities for direct communication between the Local Management Boards and Children's Cabinet or Children's Cabinet Results Team.

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Establish mechanism for regular communication.	Distribute calendar of local interagency structures monthly meetings with contact information to be put on agenda.	Kim Malat	October 30, 2008 and ongoing	Dates and location of LMB Directors meetings circulated to CCRT.	Calendar of meeting dates is routinely distributed to CCRT and Children's Cabinet.	Ongoing
	Confirm with GOC and Maryland Association of Local Management Board Directors (MALMBD) that any member of CCRT is welcome at any	Kim Malat	October 30, 2008 and ongoing	Announcement made at LMB Directors meeting.	Continue cross-attendance at meetings as appropriate.	Ongoing

	LMB/GOC meeting and process for informing of attendance.			DJS Secretary Abed attended the March 2011 meeting of GOC/LMBs.		
	Identify two meetings per year for joint CCRT/LMB Directors Meeting with LMB chairs invited.	Chair of MALMBD and GOC staff to coordinate	November 30, 2008 - April 2009 Ongoing	There was a presentation by the LMB Association to the Children's Cabinet at their February 2011 meeting.	Continue cross-attendance at meetings as appropriate.	Ongoing

Theme: **Interagency Structures** - Interagency structures need to be redesigned to support the culture shift to a more individualized, family-centered service delivery system. Communication needs to flow easily between the state and local levels, as well as between and across agencies, systems, community members and families.

Recommendation 2: There should be a commitment from all child-family serving agencies at the state and local levels to support an improved interagency structure and individualized plans of care for children and families.

Strategy 2.1: Children's Cabinet Agencies should expand the use of Child and Family Teams, particularly when a child or family presents a challenge that could result in out-of-home placement, more restrictive services and/or in multi-system involvement.

Champion(s):

Collaborator(s): CMEs, Innovations Institute, DJS areas, LDSSs, LEAs, Local Health Departments, Families and Youth, CSAs, LMBs

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Actual Timeline (Start & End Dates)	Completed
Expand the use of Child and Family Teams to all Child and Family Serving Agencies.	DHR finalized its family-centered practice model and begins its training and implementation plan.	Karen Powell		FCP model finalized 6/09. FIM policy 8/09. Completed statewide training 6/10.	DHR is developing change management strategies to ensure that the model is institutionalized throughout the Department.		Initial training completed
	CMEs expanded across Maryland with funding from Children's Cabinet agencies for a prioritized range of populations.	Children's Cabinet		CMEs in operation Statewide as of 12/28/09.			Completed
	Pilot PBIS-Wraparound in Montgomery County and develop a "lessons learned" White Paper.	MSDE – Andrea Alexander and Karla Saval		Grant was awarded.			
	Implement Transitioning Youth to Families Project in Baltimore and Washington Counties.			Statewide policy developed to make placement decisions.			Completed June 2010

Link to Education Strategy # 2.1
Link to Finance Strategy #3.2
Link to Family and Youth Partnership #2.1
Link to Workforce Development #1.1

Strategy 2.2: The CCRT should immediately convene a state-local workgroup on interagency structures, including crafting legislation and regulations. The workgroup should include state, local, family and community representatives, with membership determined by the CCRT.

Champion(s):

Collaborator(s): Families and Youth, LMBs, CSAs, Innovations Institute

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Actual Timeline (Start & End Dates)	Completed
Convene state/local representation on interagency structures.	Identify representation for workgroup.	Rosemary King Johnston, Innovations	12/08	Identified representatives.	N/A	12/08	12/08
	Convene representation.	Rosemary King Johnston, Innovations	1/14/09	Three meetings were held in 2009. In November 2009, decision was made to suspend meetings until Spring 2010 to allow for first quarter of Statewide CME implementation. Workgroup reconvened 4/14/10 with a second meeting scheduled for 5/12/10.	N/A		Completed summer 2010.

				Draft recommendations from the group were submitted to the Children's Cabinet for consideration throughout the summer of 2010.			
	Will provide a framework for interagency structures. Present recommendations to CCRT as each set of recommendations is created for review and discussion.	Rosemary King Johnston, Innovations		Developed recommendations for policy and legislative changes that were presented to Children's Cabinet in August 2010. GOC, on behalf of the Children's Cabinet, submitted proposed revisions to the legislation to the Governor's office for consideration on 9/8/10.	N/A		Completed 9/8/10.
	Action plan will be developed.	Children's Cabinet and GOC	Changes to structures to be effective in FY12.	HB 840 was introduced in the 2011 Session, passed both houses and is slated for implementation effective 7/1/11. GOC and the Children's Cabinet issued directives to affected organizations and provided technical assistance on policy and practice changes necessary to implement requirements of HB 840.	The Children's Cabinet is currently considering options for the repurposing of the SCC to better meet the needs of families and agency partners.		Completed

Link to Continuum of Opportunities, Supports and Care Strategy #1.5
Link to Interagency Structures Strategy #2.1
Link to Family and Youth Partnership Strategy #1.1

Theme: **Workforce Development** - A concerted effort must be made to improve the overall quality of the workforce in child welfare, juvenile services, education, children's mental health, developmental disabilities and substance abuse. Child-family serving agencies must share responsibility for improving the quality and accessibility of training and the use of strategies to improve worker recruitment and retention. Beyond training for professionals and paraprofessionals in their own disciplines, there is a great need to coordinate and provide training across agencies.
Recommendation 1: The child-family serving agencies should ensure greater accessibility, consistency and quality in workforce training and practice, particularly around core competencies and standards for mental health and substance abuse care and treatment, safety and risk of maltreatment, child development, education, family-centered practice models, family and youth partnership, systems, and cultural competency.

Strategy 1.1: The Children's Cabinet Results Team (CCRT) should collaboratively identify the workforce core competencies from each of the Agencies to generate a set of core competencies for the child-family serving system. The core competencies should include family and youth engagement and partnership, child development, safety and crisis planning, child maltreatment, systems/laws/mandates, accessing special education, family-centered practice models, and cultural competency.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Trained workforce on cross agency core elements	Gather the other agencies list of core competencies; develop a grid of core competencies by agency as there are similar types of positions across agencies i.e. Direct Care, Case Workers, Supervisors, and Administrators and do a crosswalk, find a model curriculum and then bring to CCRT for review and decision.	DJS - Roxanne Parson, QAA Kathryn Marr, HR	July 2009	Innovations Institute will assist DJS to implement strategies.	DJS needs to redevelop plans to implement strategies because Innovations Institute will no longer assist DJS. New plan should be completed by 8/11.	
	Create Web Based Training modules on identified cross agency core curriculum.	MSDE MHA The Institute Patricia	By June 30, 2013	MSDE and MHA with University of Maryland and Child and Adolescent Mental Health Workforce Committee have developed core competencies in mental health available on the Web in March 2010. The State Board for the Certification of	Continue to review and evaluate module content based on user feedback. GOC is working with The Institute to develop	Completed March 2011

		Arriaza (GOC)		Residential Child Care youth Practitioners has developed modules for residential child care programs.	the web-based modules for inclusion in an online training website by June 2013.	
	Convene an interagency workgroup with the Department of Labor to work on recruitment and retention, workforce development for all child serving agencies, core training on system of care principles.	Al Zachik (MHA) and Alice Harris (MSDE)	TBD		To be revisited by CCRT in FY12.	

Theme: Workforce Development - A concerted effort must be made to improve the overall quality of the workforce in child welfare, juvenile services, education, children's mental health, developmental disabilities and substance abuse. Child-family serving agencies must share responsibility for improving the quality and accessibility of training and the use of strategies to improve worker recruitment and retention. Beyond training for professionals and paraprofessionals in their own disciplines, there is a great need to coordinate and provide training across agencies.

Recommendation 2: The Children's Cabinet should revise and improve case management practices in order to enhance worker retention and child and family outcomes.

Strategy 2.1: DHR and DJS should examine caseload levels in child welfare and juvenile services to see how they correspond with established workforce standards.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Maintain worker caseload levels in compliance with national standards.	Research and identify standards for child welfare and juvenile probation caseloads.	DJS - Kathryn Marr, HR Dr. Sheri Meisel	CY09 – ongoing	CWLA standards adopted by DHR. DJS received a grant from the Governor's Office of Workforce Development to complete a workforce analysis of DJS case managers.	Identify contacts at DHR and review mutual data on caseloads and staffing analysis.	Ongoing
	Conduct staffing analysis based on DHR and DJS caseload	Social Services Administration (SSA) Executive Director	Ongoing	DHR conducted initial analysis of case-carrying staff. Developed updated case ratios. DJS submitted JCR 2009 Facility Staffing and Community Caseloads 10/09. DJS received a grant from the Governor's Office of Workforce Development to complete a workforce analysis of DJS case managers.		Completed
	DJS and DHR will reallocate staffing as needed based on analysis.	SSA Executive Director	Ongoing	Staff is reallocated as necessary.		Ongoing
	DJS and DHR will monitor case load levels quarterly and make appropriate reassignments as required to maintain compliance with national standards.	SSA – Executive Director	Ongoing	Monitoring occurs quarterly and as positions are vacated.	DJS established a Task Force with AFSCME and Teamsters to review caseload levels and allocation of staffing.	Ongoing

Strategy 2.2: The Children's Cabinet should examine and consider using components of a uniform protocol for case management across child-family serving agencies that focuses on data, assessments and outcomes in the development of individual case plans.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Creation of a Maryland uniform protocol for case management.	Review existing protocol for case management across DHR, DJS, DHMH, and MSDE, including data collected, assessments used, and outcomes monitored.	DJS -Scott Beal, Dr. Arleen Rogan	9/08 – 12/09 Current , ongoing	Update DJS case management protocol and manuals (in draft now) Identify community supervision reform efforts	DJS is revising all case management policies. Intake, Detention & ATD, and Treatment Service Plan policies are revised. Training on these policies to begin at end of April 2011.	Needs Assessment – required documents delivered to

			1/09 TBD	Train Intake Supervisors, Intake Workers Risk Assessment - 2/09 Train Case Management Probation and Aftercare – 12/31/09 Needs Assessment - 2/10	Case Management Policy to be completed by 6/30/11 and included in training after approval. All case management policies and standard operating procedures will be combined to create a case management manual. Anticipated completion: 10/11. Implement Maryland Comprehensive Assessment and Service Planning (MCASP) – Risk and Needs Assessment Conduct data collection and analysis Analyze preliminary findings with Children's Cabinet Agencies as needed to improve and increase collaboration efforts in service delivery model to youth and families.	DJS by consultants (9/08). Ongoing implementation; MCASP directive issued 12/10.
	Identify the components of the protocol that are consistent with one another and whether there are uniform tools and/or methodologies that can be put into place for those components.				DJS and DHR have developed joint case management protocols for youth in Baltimore City who are dually committed to both agencies. A group from both Agencies is working to complete this task by Oct. 15, 2011.	Ongoing
	Create a timeline for implementation, including modification of data systems and training of workers, as needed.		12/30/09	Paper version only, fully automate	Involves IT modification and continuous training for staff.	DJS timeline is available from its IT unit and is regularly updated.

Theme: **Information Sharing -** Maryland should support and promote effective, timely, and appropriate information-sharing across agencies. There should be a joint understanding of children who are at-risk for involvement with multiple child-family serving agencies and the shared responsibility and ability for early identification and intervention with and on behalf of these children and families.

Recommendation 1: The Children's Cabinet should engage in the development of an information-sharing protocol to enable appropriate information-sharing among families, agencies, and community members to support individualized service planning to achieve better outcomes for children, youth, and families.

Strategy 1.1: The Children's Cabinet should engage in a Maryland Youth and Family Information Sharing Protocol (MYFISP) to bring together all stakeholders to assess the current systems and structures and embark on the creation of an information-sharing protocol. Among the steps in the process, there could be:

a. An identification of the barriers to information-sharing under the Maryland Code, Human Services Article and determination of the necessary steps to remove those barriers, working in conjunction with the Administrative Office of the Courts and the Human Services Workgroup;
b. A mapping of the information systems of each agency, including the types of information that are collected and in what format the information is organized;
c. A review of the recommendations and tools that have been created in Maryland previously to identify and/or create core intake, screening, assessment, and consent components, forms and tools for use by all of the child-family serving agencies;
d. An effort to ensure that components of the protocol are implemented to the extent possible based on financial, legal and other considerations identified during the process of developing the protocol;
e. An understanding of the instances in which youth and families may not wish to engage in information-sharing; and
f. Creation of a campaign to build public will, engagement, partnership and education with families and youth to ensure the success of the protocol.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
	Identify specific information needed by agency and purpose, beginning with DHR, DJS, DHMH, DPSCS	Shupe, Chun-Hoon, Blauer, J. Johnson (DHMH)	October 23, 2008	Meeting to review specific data needs held on 10/3. Walkthrough of DHR and DJS data systems on 10/17.	Make final lists of information sought and give to AG group. Bring MSDE into process.	Yes

	Review existing data-sharing arrangements for precedents	Chun-Hoon, Blauer, Johnson	November 15, 2008	Identified agreements between DHR and MSDE, between DPSCS and DHMH, and DJS and DPSCS	Meet with DPSCS CIO for demo of "dashboard" as a model or platform for sharing information.	Yes
	Identify legal barriers and remedies for each specific piece of information	Motz, AG Human Services workgroup	November 30, 2008			Yes
	Review proposed legislation to allow DHR and DJS to share information. Invite MSDE to participate in information sharing workgroup	Chun-Hoon, Blauer, Motz	November 30, 2008	12/08 meeting with MSDE	DJS & DHR have developed the Child Safety Net Dashboard in May 2010 to allow data and case management information sharing of youth who are dually involved with these agencies	Yes Ongoing
	Draft MOUs as needed to address protocol	Motz, AG Human Svcs. workgroup	January 31, 2009			Yes
	Identify potential technical solutions to information sharing	Chun-Hoon, Brown, Shupe	November 30, 2008	Met with Ron Brothers, DPSCS, to view demo of "dashboard".	Send initial data fields from CHESSIE to initiate set up of Children's Cabinet dashboard. Identify agency staff with qualifications to assist in setting up system.	Yes
		Kim Bones, DJS	7/08 – 10/09	Interagency collaborative efforts in selection process. MD identified as a successful applicant.	Review/Implement best practices from DHR/DJS "Cross Over Youth" Georgetown project.	
		Marina Finnegan, Deb Donohue - GOC	10/09	All data sharing MOUs have been signed by DHR, DJS, DHMH, GOC and MSDE. Data Dashboard will be fully implemented by 5/3/10.	DJS and DHR protocols will be finalized by 4/1/10.	

Theme: **Access to Care and Opportunities** - Prompt access to opportunities and appropriate resources empowers families and youth to address identified needs, build on strengths, and participate in individualized services and supports. Families and youth should receive timely and respectful support to navigate systems.

Recommendation 1: Families and youth should have access to support and assistance and make connections with appropriate opportunities and resources to address identified needs and enhance strengths and assets.

Strategy 1.1: There should be an assessment of all existing Local Access Mechanisms (LAM), including single points of entry/access and systems and family navigators, to determine which specific strategies have been found to be most useful and effective, as well as cost efficient.

Champion(s):

Collaborator(s): LMB Directors, GOC

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Determination of best access mechanisms for specific target populations	Meet with GOC/LMB Results Team to determine method for evaluating LAMs.		11/15/08	LAM funding and functions are monitored as part of routine monitoring of Local Management Boards. Performance measures for LAMs were developed and implemented in FY07.	N/A	Ongoing
	Determine potential of using the Maryland Community Services Locator (through CESAR) as clearinghouse for resource information	Greg Shupe Marina Chatoo	11/1/08	Met with CESAR staff. MDCSL can use existing resource info from jurisdictions w/o disrupting local database. Information about the use of MDCSL was provided to LMBs.	N/A	Yes
	Determine process and cost for integrating jurisdictional LAM resource base into MDCSL	Greg Shupe	12/30/08	CESAR staff met with LMB Directors and LMBs have been shared their LAM resource database with MDCSL. LMBs will send updated resources every 6 months. No funds were needed to	N/A	Yes

				exchange this information.		
	Review LMB reports for numbers of families assisted and success rate for families to receive desired service to develop cost benefit analysis by model (I & R, navigator, family service center).	Kim Malat	January 31, 2009	GOC staff routinely reviews reports submitted by LMB that include data on performance measures for LAMs.	Ongoing	Ongoing
	Solicit comments from LMBs and other local partners re: real vs. appraised value of model. Identify key elements in successful LAMs	Kim Malat LMB Directors	April 30, 2009			
	Determine best practice(s) in current use in state.	Kim Malat LMB Directors	June 30, 2009			

Strategy 1.2: The Children's Cabinet should explore how information regarding services, resources and opportunities are communicated to workers at child-family serving agencies to ensure that those children and families who most need services are provided with the opportunity to access them.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Clarification of Agency-specific communication protocols with direct care staff.	Each Children's Cabinet Agency will review its policies and procedures for sharing information with staff, including direct care workers for consistency and clarity.			DHR – Policies are available on DHR internet and public website. Quarterly supervision meetings are held with all child welfare supervisors across the State to review and discuss policies. The SSA steering committee reviews policies and helps to look at strategies for implementation. DJS polices are available on the internet. Committees have been developed to review polices across departments. MSDE provides a comprehensive information tool to ensure all internal staff and LSS staff have access to current policies and procedures impacting children aged birth-21. DHMH – The department communicates to all staff via email regarding policy changes. MHA has regular contract with Value Options through email alerts on providers and policy changes.		Ongoing
	The policies and procedures will be revised for each Agency as needed, and will be disseminated to all staff, including management and interagency and legislation liaisons.					Ongoing

Strategy 1.3: Children's Cabinet Agencies should maximize access to care by streamlining internal forms, applications and requirements to the extent possible where efficiencies can be identified so families can more readily access services they need in a timely and efficient manner.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Streamline forms, applications and requirements across Children's Cabinet	Review current forms, applications and requirements for access to services in DHR, DJS, DHMH, and MSDE.	ILC LMPP SB 478 Workgroup	Ongoing	The ILC/LMPP & SB 478 Workgroup have been meeting to review existing forms as they relate to uniform incident reporting and uniform monitoring.	SB 478 Workgroup is developing recommendations for a uniform incident reporting process that will be presented to GOC, the Governor, and other stakeholders in	

Agencies for consistency.		GOC Staff	Spring 2011	HB 840 (2011) enacted changes to the LCC/SCC necessitate changes in regulation and policy. GOC and the Children's Cabinet issued directives to affected organizations and provided technical assistance on policy and practice changes necessary to implement requirements of HB 840.	September 2011. An October 15, 2011 release date is anticipated.	Completed
	Identify the common elements and processes across agencies and determine if efficiencies can be implemented based on the commonalities.	ILC/LMPP SB 478 Workgroup	Ongoing	The ILC established the LMPP workgroup to ensure there is a coordinated approach to licensing and monitoring of residential child care programs. The LMPP will identify and discuss concerns and issues regarding the current policies and practices of state agencies that license, monitor, and or fund residential child care placements.	The LMPP has developed a draft uniform monitoring protocol that will be submitted to CCRT for adoption.	
	Create a timeline for implementation, including creation of forms, modification of data systems and training of workers, as needed.		FY12			

Theme: **Continuum of Opportunities, Supports and Care** - There is a need for the Children's Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.

Recommendation 1: The Children's Cabinet is committed to the creation of a full community-based continuum of opportunities, supports, and care that is developed in partnership with local jurisdictions, families and the provider community to meet the specific, individualized needs of children and families. The Children's Cabinet should prioritize efforts to safely and effectively serve children in their own homes by expanding the continuum of services. These efforts should include increased diversity, quality, and accessibility of in-home services with an emphasis on reunifying children with their families at the earliest possible time. Services should be culturally competent and responsive, and children should receive all supports to which they are entitled.

Strategy 1.1: The Children's Cabinet should support the development of community-based resources that are responsive to the identified needs of youth for whom there have been disparities or uneven availability of services within current budgetary resources.

Champion(s):

Collaborator(s): DJS areas, LDSSs, LEAs, Local Health Departments, CMEs, Families and Youth

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Identification of and plan for improved array of community-based resources for underserved populations.	Identification of priority high risk populations.			State Agencies, CMEs, LMBs and other stakeholders continue to identify at-risk and underserved populations. As a requirement of the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant, a comprehensive needs assessment was conducted on the following indicators: poverty, infant mortality, low birth weight, teen pregnancy, child abuse, Medicaid enrollment, domestic violence, crime, WIC participation and school readiness) to identify communities at greatest risk/in greatest need. Six (6) jurisdictions with communities at	Local planning efforts have been under way in all six jurisdictions since February 2011 when federal guidance was issued for comprehensive state plans. Baltimore City was the first jurisdiction that was awarded MIECHV funding to implement new or expanded home visiting services. Baltimore City was identified as having the greatest "need" (with 39 of 46 zip codes Statewide with elevated indicators). The other 5 jurisdictions are at varying levels of quality and community engagement with their existing home visiting programs. Planning	Ongoing Ongoing

				greatest need were initially identified - Baltimore City, all of Dorchester County, and communities within Prince George's, Somerset, Washington and Wicomico Counties. Through the CME, Community Resource Specialists are available to attend the FIM to identify individualized services and supports in the community that will meet goals within the youth's POC in order to achieve his or her permanency plan. If the necessary services are not available in the community, the CME shall work with community providers to create a support to address the need. MHA convened a workgroup in the Fall of 2011 to consider and develop a proposal for a 1915i Medicaid State Plan Amendment that would provide sustainability for PRFT Waiver services currently funded through the CME. DJS has developed criteria to determine youth at greatest risk and places them in their violence prevention initiative.	efforts include a local commitment to community engagement and quality improvement - so that funding can be leveraged and allocated most effectively. DHMH plans to submit its 1915i proposal for federal consideration in late October 2012.	Ongoing
	Research and identify services, supports and interventions which will assist in producing improved outcomes for identified populations.			CSAs continue to plan for mental health needs on a local level in collaboration with MHA. DHR implementation of CANS has helped to identify needed resources. The proposed 1915i Medicaid State Plan Amendment will revamp services to better meet the needs of children with intensive mental health needs.		Ongoing
	Create a population-based local/regional continuum of care that can guide State funding allocation and service array development.					Ongoing
	Identify demographic and/or geographic areas of focus with resource needs.			LMBs continue to consider jurisdiction- and region-specific resource development needs in conjunction with the CMEs and other stakeholders. Implementation of the federal MIECHV grant targets the six (6) jurisdictions with communities at greatest need - Baltimore City, all of Dorchester County, and communities within Prince George's, Somerset, Washington and Wicomico Counties.	Ongoing	
	Create a plan in partnership with representatives of the LMBs, CSAs, DSS, DJS, LSS, CMEs, families and others to strategically target resources to meet identified needs.			LMBs continue to consider jurisdiction- and region-specific resource development needs in conjunction with the CMEs and other stakeholders.		Ongoing

	Explore sources of funding to pay for services in the continuum of care. Sources to consider include Medicaid, Opportunity Compacts, Title IV-E and redirected savings from reduction in the use of expensive out of home placements.			The proposed 1915i Medicaid State Plan Amendment becomes an entitlement for those who qualify, including meeting clinical criteria and maintaining community Medicaid status. Services will be funded through the public mental health system.		

Link to Financing Recommendation #1

Strategy 1.2: The State should ensure that the Managed Care Organizations (MCO) provide children who are covered by Medicaid with all of the services to which they are entitled under Early Periodic Screening, Diagnosis and Treatment (EPSDT) and that all of these services and supports are fully maximized. Each Children's Cabinet Agency should study the level of services children receive from the MCO system and how these services could be integrated into an overall service continuum, with support and technical assistance from Maryland Medicaid.

Champion(s): DHMH

Collaborator(s): Children's Cabinet Agencies

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Study receipt of services through MCOs and utilization of EPSDT	DHMH/Medicaid will convene workgroup (1-2 meetings) to examine issues related to EPSDT utilization. Each child-serving agency should assign one person to attend workgroup.	DHMH - Susan Tucker	Spring 2010			
	Workgroup will assist other agencies to develop outreach plan for ensuring children's services are maximized.	DHMH	Spring 2010			

Strategy 1.3: The Children's Cabinet Agencies should support the workgroup convened by DHMH, in partnership with MCOs and substance abuse treatment providers, to review and ensure access to and provision of substance abuse services, including community-based treatment.

Champion(s): DHMH

Collaborator(s): DHMH, MCOs, providers, consumers

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Ensure children and youth are receiving full access to the array of substance abuse services, including community based treatment.	DHMH to establish workgroup and relevant subcommittees to examine issue	DHMH	Ongoing (next meeting 9/24)			
	Workgroup to present recommendations to DHMH Secretary	DHMH	November, 2008			
	Recommendations to be shared with CCRT	DHMH	December, 2008	Medicaid implemented new substance abuse services in January 2010 for PAC program. Also, significantly increased payment rates for substance abuse services under Medicaid and PAC. For more information, please see: http://www.dhmh.state.md.us/mma/healthchoice/pdf/2009/SAII_Char_Updated11.14.09_ST.pdf	Medicaid and ADAA will monitor to ensure that services are implemented successfully.	Completed

Strategy 1.4: The Children's Cabinet should support the use of home visiting programs across Maryland that aligns with the outcomes that the Children's Cabinet Agencies are seeking to achieve.

Champion(s):

Collaborator(s): Providers, Families and Youth, DJS areas, LDSSs, LEAs, Local Health Departments

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Support existing and where possible new home visiting programs that achieve outcomes consistent with Children's Cabinet.	*After completion of strategy 1.1 action steps, identify home visiting programs that are consistent with priorities and fix the gaps.	MSDE - Nancy Vorobey DHMH – Bonnie Birkel	July 1, 2009 - June 30, 2010	17 jurisdictions received funding to support local Healthy Families and other Home Visiting programs; grant proposal requirements aligned with state priorities. The federal MIECHV grant requires implementation of one or more of the	Continue grant program, contingent upon the availability of federal TANF funds. Continue to support local planning efforts that have been underway in all six prioritized	Annual

				following EBP programs - Early Head Start - Home-Based Option; Family Check Up; Healthy Families America (HFA); Healthy Steps; Home Instruction Program for Preschool Youngsters (HIPPY); Nurse-Family Partnership (NFP); and Parents as Teachers (PAT).	jurisdictions since February 2011 when federal guidance was issued for comprehensive state plans. Planning efforts include a local commitment to community engagement and quality improvement - so that funding can be leveraged and allocated most effectively.	
	**Create linkages, where possible with Evidence Based Practice and Promising Practice work.	Nancy Vorobey	November 1, 2009 - October 31, 2010	Subgrant awarded to the Maryland Family Network (MFN) to manage the statewide Home Visiting Consortium comprised of Healthy Families/Home Visiting program providers and other stakeholders to develop a framework and process for local programs to conduct self-assessments and implement program improvement activities, share training efforts and opportunities through a statewide peer-to-peer network, and identify strategies for increasing communication and collaboration among home visiting programs. Follow MSDE process for approval and posting of HF/HV Consultant RFB	Continue to support management of the Home Visiting Consortium through the subgrantee process. (IDEA Part B funds)	Annual
		Nancy Vorobey	November 1, 2008-October 31, 2009 November 2008 – June 2009	RFQ did not result in acceptable bids that met funding and experience criteria November 2008-June 2009, conducted analysis of local program progress reports, conducted individual program interviews regarding challenges and needs; held program directors stakeholder meeting to share findings and confirm updated direction for pursuing a revised RFQ; consulted with Home Visiting Consortium members regarding areas for program support and improvement.	Utilize the MSDE bid board process to hire consultant(s) with HF/HV expertise and knowledge of Maryland programs to provide targeted technical assistance as identified by local programs and consistent with established priorities to address quality assurance and existing service gaps. (IDEA Part B funds)	Annual
			April 1, 2010-March 31, 2011 May 2010	Revised RFQ posted March 10, 2010 Received acceptable bid that met funding and experience criteria. Consultant with HF/HV expertise and knowledge hired through RFQ fulfilled requirements of contract. Revised/updated RFQ to be posted in October 2011	Utilize the MSDE bid board process to hire consultant(s) with HF/HV expertise and knowledge of Maryland programs to provide targeted technical assistance as identified by local programs and consistent with established priorities to address quality assurance and existing service gaps. (IDEA Part B funds) MSDE hired a consultant with HF/HV expertise and knowledge of MD programs to provide targeted technical assistance as identified by local programs and consistent with established priorities to address quality assurance and existing service gaps. (IDEA Part B funds).	Annual

	***After completion of Financing recommendation 1, identify methods for supporting existing and new providers.	Nancy Vorobey	TBD (pending federal grant award notification) State received federal notification that grant not awarded	MSDE responded to federal RFQ to strengthen the infrastructure to support adoption of evidence-based home visiting programs statewide, strengthen implementation, sustain effective practices, and ensure fidelity.	Pending notification of grant approval, implement proposed grant activities.	TBD
	Participated in federal assessment process with DHMH/GOC in response to federal grant application for home visiting funds.	Nancy Vorobey	TBD (pending federal grant award notification).	MSDE serves as a key stakeholder in the home visiting consortium providing recommendations to build on local HV program capacity to serve identified at risk families through the implementation of EBPs such as Healthy Families, Parents As Teachers (PAT) and the Nurse Family Partnership model.	Application pending.	TBA
	Develop outcomes monitoring methodology for funded programs.	Nancy Vorobey	July 1, 2009 - June 30, 2010	Mid-year and final progress and fiscal reporting requirements established for and disseminated to local HF/HV grantees, as consistent with MSDE procedures.	Review/analyze mid-year and final reports for meeting required grant timelines, and progress towards addressing state priorities and identified services gaps.	Annual

*Link to Continuum of Opportunities, Supports and Care Strategy 1.1
**Link to Continuum of Opportunities, Supports and Care Recommendation #4
***Link to Finance Recommendation #1

Strategy 1.5: The Children's Cabinet should use existing State funds to garner federal funds to support the expansion of Care Management Entities using a High Fidelity Wraparound service delivery model statewide for the population of children entering or at-risk of entering a residential treatment center.

Champion(s): Secretary John Colmers, Dr. Al Zachik

Collaborator(s): System Structures Group, Innovations Institute, Families and Youth, RTC Waiver Advisory Committee

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Expand the use of CMEs with High Fidelity Wraparound for RTC populations.*	Assist with implementation of 1915c RTC Waiver through (1) participation on Advisory Committee, (2) communication with local agencies to support referrals and fully engage Child and Family Teams.	CCRT, DHMH, Innovations, Institute	Ongoing	Implementation of the 1915c Waiver was included in the expansion of CMEs Statewide in December 2008.	N/A	Completed
	Determine CME procurement for the current waiver jurisdictions.	DHMH with Systems Structures Workgroup	September 2008	CMEs operating Statewide since December 28, 2009.	Administration and monitoring of CME contracts is ongoing by GOC staff on behalf of the Children's Cabinet.	Completed
	Review funding currently allocated to RTC Waiver slots and identify existing funding sources within agency budgets that could be reallocated to support the identified model.	CCRT & Innovations Institute	September 2008 Ongoing	All RTC Waiver slots are tracked regarding whether the youth are in the custody of the State and whether they are eligible for Medicaid to assist in any financial restructuring that may occur.	Ongoing	
	Upon determination of 1) CME model for existing waiver jurisdictions and 2) the clarification of funds, finalize amendments to approved Waiver application and obtain CMS approval on amendments.	DHMH (Medicaid & MHA)	September 2008			Completed
	Finalize CME model and process for expansion for presentation and review at CCRT and Children's Cabinet.	Systems Structures Workgroup	October 2008			Completed
	Finalize and promulgate regulations for RTC Waiver, including any new MHA regulatory chapters.	Al Zachik, Susan Tucker, Barbara DiPietro, and	October 2008-January 2009			Completed

		Secretary Colmers				
	Draft and finalize MOUs for all parties required under the waiver in order to maximize federal funding.	MHA Child and Adolescent MH Unit & CCRT	October 2008-January 2009			Completed
	Draft RFP for CME expansion based on Children's Cabinet decisions and circulate for review and approval.	CCRT & Innovations Institute	January 2009	Initial RFP issued 4/7/09.		Completed
	Issue RFP, hold pre-bidders conference, review proposals, present to Board of Public Works, and award funds.	TBD	February 2009-April 2009	Initial RFP issued 4/7/09. Contract effective 12/28/09.		Completed
	Implement phase-in plan for statewide expansion, as determined by Children's Cabinet.	CCRT and Innovations Institute	April 2009 Ongoing	New jurisdictions will be added to the RTC Waiver as Medicaid Waiver providers of respite, crisis and family/peer to peer support are enrolled. 23 of 24 jurisdictions (all but Garrett County) are currently open for RTC Waiver enrollment through 9/30/12 when the authorization for the Waiver expires. Providers are recruited on an ongoing basis with particular attention paid to the jurisdictions that are not yet open for the RTC Waiver or where there is insufficient capacity.		
	Continue to support the RTC Waiver workplan to ensure successful implementation and compliance with federal requirements.	DHMH, CCRT, Innovations Institute	Ongoing	Reports and claims have been submitted to CMS as required and meetings and trainings are held to solicit feedback on current processes and determine next steps.		
	**Partner to identify regulatory and statutory barriers to successful implementation, including a review of LCC, SCC, CSI and Rehab Option regulations under COMAR 14.31.	GOC, CCRT and Innovations Institute	May 2009-August 2009	Draft recommendations from an interagency workgroup were submitted to the Children's Cabinet for consideration throughout the summer of 2010. GOC, on behalf of the Children's Cabinet, submitted proposed revisions to the legislation to the Governor's office for consideration on 9/8/10. HB 840 (2011) enacts changes to the LCC/SCC effective 7/1/11. GOC and the Children's Cabinet issued directives to affected organizations and provided technical assistance on policy and practice changes necessary to implement requirements of HB 840.	The CCRT will undertake a review of the regulation and policy and procedure changes necessitated by the passage of HB 840 (2011) and will make recommendations for additional streamlining.	

*Link to Financing Recommendation #2 & #3
**Link to Interagency Structures Strategy #2.2

Theme: **Continuum of Opportunities, Supports and Care** - There is a need for the Children's Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.

Recommendation 2: The Children's Cabinet should work collaboratively to serve children who are in an out-of-home placement in their home schools and communities more effectively with fewer placement disruptions resulting in better permanency outcomes for children and families.

Strategy 2.1: The State should increase the number of high quality foster homes to keep children close to their families and home schools.

Champion(s):

Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Increased number of high quality foster homes	Establish a work group to review regulations and practices.	SSA resource staff	June 2009	Work established. Regulations drafted.		Completed
	Develop recommendations for process improvement.	SSA resource staff	June 2009	Draft regulations under internal review. To be finalized by January 2012.		Completed

Strategy 2.2: The State should expand and improve supports for foster homes and children in foster homes to minimize disruptions and re-placements.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Improved community based supports for foster homes and foster children.	Support development of a foster parent association in all 24 jurisdictions.	Ombudsman, Resource Development Staff	June 2009 Ongoing	18 local associations established	Coordination between Ombudsman and State Foster Parent Association	Ongoing
	Develop communication process with Ombudsman.	SSA Resource staff, Ombudsman	September 2008	Ombudsman has been hired.	Establish specific role of this new position within DHR and locals.	Completed
	Consider financial implications of expanding full daycare to 0-12.	DHR budget office, SSA leadership	January 2009	Daycare rolled out currently for children up to age 5 throughout the year and for children age 6-12 during the summer. Continue to consider for 2011. Day care policies have been issued.		Completed
	Implement daycare if feasible.	SSA Resource Development Office	7/09 if determined feasible from previous action step.	Daycare rolled out currently for children up to age 5 throughout the year and for children age 6-12 in summer. Issued policy on day care funding.		Completed

Strategy 2.3: For children removed from parental custody, there should be an increase in efforts to locate, engage and support relatives as caregivers (kinship care).						
Champion(s): Brenda Donald						
Collaborator(s): Children's Cabinet, Child serving agencies, Community partners						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Final report to Children's Cabinet	Comprehensive review of current policies, both local and statewide (informal and formal).	Deborah Ramelmeier, Pamela Miller	March 2008 to September 2008	Completed review of current policies for formal kinship care and identified areas for possible improvement. Evaluated status of kinship care resource center.	In process of updating DHR kinship services webpage to ensure accurate information disseminated to public. RFP issued to obtain new vendor for kinship care resource center.	Yes
	Identify barriers to kinship care placement.	Deborah Ramelmeier, Pamela Miller	August 2008 to December 2008	Intra-agency group (SSA, FIA, CSEA) formed to identify/address barriers for formal and informal kin. Identified need for one page FACT sheet for distribution to prospective Kinship providers.	Creating Kinship FACT sheet, Next meeting of intra-agency group planned for last week of August to finalize webpage and FACT sheet.	Yes
	Convene Interagency Workgroup to identify points of access for kinship services and recommend Cabinet level policy to support kinship care.	Deborah Ramelmeier, Pamela Miller	August 2008 to December 2008	Interagency workgroup convened. Initial meeting held on August 7th.	Next meeting planned for late September. Initial SSA recommendations will be shared with the group for further action.	Yes
	Submit recommendations for kinship care services and policy to support kinship care to Children's Cabinet.	Brenda Donald	March 2009			Yes

Theme: **Continuum of Opportunities, Supports and Care** - There is a need for the Children's Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.

Recommendation 3: There should be a commitment to diverting youth from detention and commitment within the juvenile justice system. Subject to the availability of funding, consideration should be given to an expansion of the availability and use of delinquency prevention and diversion services with a focus on creating a range of community service and education options while increasing empathy and caring in youth

Strategy 3.1: The Children's Cabinet should review the outcomes of the CINS Diversion Pilot Projects and consider supporting the replication of the pilot projects statewide, based on those results.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Create Maryland Model for CINS Diversion Pilot Projects to be replicated statewide and nationally.	Collect process measure data for CINS Diversion Pilots	DJS Assistant Director of Planning	August 15 – 30, 2008	Completed Reviewed the accuracy and reliability of data collected to date.		Completed
	Identify all youth served to date by these projects	DJS Research Analyst	January 1, 2009 – April 30, 2009	DJS research staff has data for youth served in Baltimore City and County CINS Diversion Programs.	Finalize list and summarize reported outcomes.	Completed
	Calculate DJS re-arrest rate for all youth served	DJS Assistant Director of Research	March-April 2010	DJS Research has begun to calculate juvenile recidivism rates for youth served.		Completed
	Review process and outcome data with key Children's Cabinet staff to determine if the model should be expanded beyond pilot	CCRT	Mary 2010-June 2010	Draft JCR in review – 3/09. HB 1190 (2011) introduced and passed that would expand the pilot to include Cecil, Montgomery, and Prince George's Counties. GOC staff will work with affected LMBs to plan for implementation of the pilot in FY13. First meeting was held 4/19/11.		Completed

Strategy 3.2: The State should review and consider increasing the capacity, diversity and quality of alternatives to detention to reduce inappropriate or unnecessary confinement.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Increased capacity of diverse and quality alternatives to detention in accordance with national best practices.	Complete a geographic/regional profile of detention utilization to inform the development and/or enhancement of ATDs.	DJS Regional Directors Research and Evaluation		An analysis was completed along with the GAP analysis. DJS conducted a Detention Utilization Study to identify use of secure detention for pre- and post-adjudicated youth and alternatives to detention for target populations of youth who can be safely supervised and/or in the community setting (June 2010 – January 2011).	Conduct Detention Utilization Studies for each MD jurisdiction, beginning with those that have the highest secure detention utilization rates.	
	Conduct a needs assessment of ATD programs by region.	JDAI Coordinator Lisa Garry		An ATD analysis by region was completed through the GAP Analysis. Assessment completed for DJS girls population in 2011. Assessment and redesign of the Baltimore City ATD Continuum to demonstrate available levels of ATD supervision across programs.	Duplicate design of Baltimore City ATD continuum for other DJS Regions to guide consideration of ATD placement and effective use of ATD resources.	
	Develop and implement a plan to ensure current	DJS DMC		Conduct reviews of performance	Develop reporting structure for ATD programs.	Ongoing

	programmatic resources are appropriately designed.	Program Specialist – Naquasha Moreland - Pratt		measures. Completed a DJS DMC plan	Monitor ATD program utilization to determine impact on over-representation of youth of color in secure detention.. Review and revise ATD public safety performance measures.	
	Plan developed to design, implement and fund new programs.	DJS Deputy Secretary		Secretary Abed has brought renewed emphasis on JDAI for Baltimore City.	Replicate JDAI in Prince George's County and conduct regional assessments of possible replication in other DJS Regions.	
	Monitor use and outcomes of ATD programs, to include implementation of routine statistical reports to be completed by public and private vendors.	DJS Director of Research	April 2009 June 2009 July 2009	Identified routine performance measures	Develop reporting structure for ATD programs to capture public safety outcomes (youth appear for court and do not reoffend).	May 2009
	Ensure a continuum of ATD programs that are race, culture, and gender responsive.	JDAI/DMC Coordinator	Ongoing	Redeveloped the Baltimore City ATD Continuum that provides graduated levels of supervision across programs that will be replicated in other regions of the State where DMC is significant and secure detention is over-utilized for medium and low-risk youth. Developed a collaboration network between local DMC Coordinators (7 sites) to increase capacity for implementing and monitoring pre-adjudication DMC reduction strategies. Implemented new metrics of success (evaluation) to determine and document progress in DMC reduction for reducing system entry and further penetration (DMC Coordinator and Research and Evaluation Unit). Hired a full-time contractual DMC Program Specialist to assist the DMC Program Coordinator with Statewide oversight and technical assistance in use of ATD to reduce DMC.	Continue to provide direct technical assistance to units of DJS Operations and local DMC Committees to implement strategies that will reduce racial disparities in decision making and reduce the over-representation in DMC at the point of secure detention and secure post-disposition correctional placements. Replicate the Baltimore City PACT Center model, an evening reporting center (ERC), in Prince George's County and the Agency-operated ERC in Baltimore City (Druid Park Drive). Conduct Detention Utilization Studies across MD to understand how and why detention is utilized and the impact on youth of color, followed by policy and practice reforms to reduce over-reliance on confinement for youth who may be safely supervised in the community through alternative programs.	Ongoing

Strategy 3.3: The Department of Juvenile Services should improve the quality of community supervision for children placed on probation with an emphasis on family-focused interventions. Community supervision services should be adapted to effectively meet the needs of youth on probation and aftercare status.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Community supervision that effectively meets the needs of families with youth on probation and aftercare status by providing meaningful	Provide meaningful and frequent face-to-face contacts by implementing best practices surrounding case manager and client contacts with an emphasis on family-focused interventions, conduct staffing analysis to ensure appropriate caseload sizes, provide mandatory training on effective case management practice, and monitor	DJS Regional Directors DJS Trainers	Ongoing	Review of data in place		Ongoing.

and frequent face to face contacts, conducting assessments of case practice, and update the Case Management Manual.	for outcomes.					
	Conduct Case Reviews in each region utilizing standardized criteria to determine quality of case practice, screen cases for VPI eligibility or case closure, and provide a findings report to determine reform needs.	DJS Regional Directors and Sheri Meisel	Began April 2008 and will be ongoing Began June 2009 and will be ongoing		Review data and analyze recommendation, implementation plan for improvements. Quarterly audit of case review practices and has developed case review supervisory protocols. Each case review results in a written report; DJS tracks trends and makes adjustments as necessary.	Completed Ongoing
	Revise the case management manual to reflect policy and administration changes and train staff on the components of the updated manual.	DJS Policy Director in collaboration with Regional Directors	May 2008 and will be ongoing	The manual is being developed in conjunction with the MCASP reform efforts. The manual will be completed upon the completion of the final phase of the reform. Intake, Social History Investigation, Detention and Treatment Services Planning policies are finished. Training to begin in April 2011. Manual to be compiled upon completion of Case Management Policy. Anticipated completion date for manual: 10/11	Manual to be completed June 2012 with training and delivery to complete afterward.	Ongoing

Strategy 3.4: The Children's Cabinet Agencies should be informed of the recommendations from the Kaizen Project, be involved in the ongoing planning, and provide technical assistance to Local Management Boards to support the implementation of the statewide gang intervention/prevention plan where possible.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Implementation of statewide gang information sharing protocol between law enforcement agencies and other interests, statewide standardized gang validation tool, and community and facility intervention and prevention strategies.	Develop a method to share DJS juvenile information pertaining gang involvement with law enforcement and other interest.	DJS IT and Research Units	Ongoing – timeline would include efforts from the State's five public safety agencies	• Attend ongoing meetings with police and corrections agencies throughout the State. • There have been discussions, through the State Gang Kaizen, to work to integrate DJS gang data with the State's law enforcement database. • HB 1382 limits the type of info that DJS can share with other agencies • Meetings with Howard County Police, Baltimore City Police, Baltimore County Police, MTA Police, Baltimore School Police and Montgomery Police occurring on a regular basis. • Information is shared with appropriate agencies according to Maryland State Statute • Implementation of DJS GangStat- taking an intensive look at VPI youth and detained youth with gang affiliation to ensure that appropriate services are provided	Continue to attend ongoing meetings and maintain positive working relationship with law enforcement and corrections agencies Work closely with Salisbury City and the Eastern Shore on their Crime Task Force to reduce Gang Violence on the Eastern Shore	Ongoing
	Collaborate with law enforcement and other interests to develop a statewide gang validation	DJS Gang Intervention	Ongoing - timeline would include efforts	• DJS implemented a Departmental validation tool through DJS Gang	• DJS will be revising its strategic plan for Gang Violence Reduction in 2011	Implementation of 14 point

	tool.	and Investigation Unit. State Prosecutors, Law Enforcement and Other Agency Gang Units	from the State's five public safety agencies Initial hearing held on September 15, 2009 and will continue to be ongoing until passage of statewide gang validation legislation	Violence and Youth Homicide Reduction Task Force • Member of Gang Kaizen Committee to develop statewide validation tool • Legislative Hearing was held with various stakeholders to establish key elements of the proposed legislation mandating statewide gang validation tool • Met with Worcester County State's Attorney and Eastern Shore Law Enforcement to discuss common validation for all of Maryland • Met with City of Salisbury Crime Task Force and Wicomico County Board of Education Personnel	• Continue to enhance DJS Gang Violence and Youth Homicide Reduction Task Force • Continue participation on State Gang Kaizen • Continue to work closely with stakeholders to get legislation passed • Provide Judiciary Committee with validation instruments from New York, Virginia, and California	validation tool March 2011 Safe Schools Act passed in 2010.
	DJS Professional Development Unit along with the Maryland Police and Correctional Training Commission (MPCTC) will develop training for gang intervention and prevention strategies.	DJS Professional Development Unit and Gang Intervention and Prevention Unit.	Ongoing - timeline would include efforts from the State's five public safety agencies	• Developed training curriculum • Conducts statewide trainings daily to DJS stakeholders • Member of MSDE Superintendent Grasmick's School Safety Action Advisory Committee	• Collaborating w/John's Hopkins University to develop a statewide training for parents and communities • Continue statewide trainings for DJS staff and stakeholders • Continue participation • Continue to train community groups, school aged children and senior citizens	10/09; ongoing
	DJS Gang Intervention and Investigation Unit will identify programs that address gang intervention and prevention. GangStat program will be developed to review case files of VPI youth and youth detained in facilities with gang affiliations to ensure that all possible services are afforded the youth. DJS has been approved to access to the law enforcement database for read only purposes.	DJS Gang Intervention & Investigation Unit, VPI staff. Agency trainer will assist DJS with obtaining PIN number to the law enforcement database.	Began June 2008 and will be ongoing Began February 2010 September 2009 and will be ongoing Frank Clark attended law enforcement database training on January 19, 2010.	Partnerships with LMB's, civic associations, CSAFE programs, and providers to identify programs with positive outcomes. Working with US Dept. of Homeland Security and National GREAT Office The Gang Intelligence Unit will work closely with HIDTA. DJS has received approval from HIDTA to be able to access to the law enforcement database, in a read-only capacity.	• Partner with stakeholders to identify and provide youth prevention and intervention programming to BCJJC youth • Continue to identify successful programs statewide • Continue to hold bi-weekly GangStat meetings with stakeholders involved • Partnership with DJS schools and facilities to run GREAT program in communities Ongoing collaboration with all stakeholders. Finalize policies for DJS staff to access the law enforcement database, and procedures to be followed when an alert is discovered. Training to be probably scheduled for Summer 2010	11/09; Survey of Programs to be completed by GOCCP May 2011 Ongoing; Staff training completed in February 2011 All DJS Gang Unit staff have been trained in using the law enforcement database as of 10/10.

Theme: **Continuum of Opportunities, Supports and Care** - There is a need for the Children's Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.

Recommendation 4: The Children's Cabinet should continue to make a commitment to utilizing evidence-based and promising practices to ensure that effective community education, opportunities, support, and treatment options are available to the children, youth and families for whom they are appropriate.

Strategy 4.1: The Children's Cabinet should develop a prioritization and implementation plan for evidence-based and promising practices in Maryland.

Champion(s): Secretary Sam Abed and Secretary Joshua Sharfstein

Collaborator(s): Innovations Institute, EBP Purveyors, Community Providers, EBP Subcommittees, Blueprint (C&A Advisory Committee), Families and Youth

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Prioritization and	Contract with UMB to develop capacity to support	Scott	June 2008	Contract Completed		Completed

implementation plan for Evidence Based Practices in Maryland.*	EBP implementation statewide.	Finkelsen, Neal Gallico, and CCRT				
	Innovations Institute will create briefing document for CCRT to prioritize and select EBPs.	Innovations Institute	August 2008	An EBP briefing document was created for review at CCRT. CCRT prioritized EBPs for implementation.		Completed
	Based on CCRT's EBP prioritization, Innovations Institute will create a comprehensive scope of work and workplan.	Innovations Institute	October 2008	Scope submitted to CCRT		Completed
	CCRT will review and approve Scope of Work and workplan.	CCRT	November 2008	CCRT approved Scope of Work in January 2009.		Completed
	Innovations Institute will develop mechanisms to gather fidelity, outcomes and finance information on currently funded EBP's in Maryland to be disseminated in an annual report.	Innovations Institute	January 2009 Ongoing	• Innovations has established mechanisms for accessing the MST database for Maryland providers. • Data collection/analysis protocols have been established for MST, FFT, and MTFC which includes the collection of data from the EBP Purveyor database (when applicable) and Maryland EBP providers. • Report templates have been created for monthly, quarterly, annual, and longitudinal reports. • Providers are routinely submitting required data. • Finalized process with FFT purveyor for regular submissions of data from the national FFT database.	• Continue to work with Maryland EBP providers around quality and consistency of the data provided. • Continue discussions with National EBP leaders to provide guidance around purveyor database data entry. In 2012, The Institute for Innovation and Implementation at the University of Maryland School of Social Work (The Institute) was created. The faculty and staff of The Institute include individuals formerly with the Innovations Institute at the University of Maryland School of Medicine. The Institute will continue their service as a training, technical assistance, evaluation, policy, systems design, and finance resource for the Maryland Children's Cabinet and its member agencies, along with multiple other states, localities, and private organizations.	Ongoing
	Upon EBP prioritization, Children's Cabinet will negotiate with purveyors and finalize financing mechanisms and capacity.	Innovations Institute and Children's Cabinet	March 2009 Ongoing	• Innovations established MST Network Partnership. • Innovations submitted a FY11 contract with FFT, Inc. Paperwork is being processed through UMB. • Innovations obtained the national certification requirements for TF-CBT. • Initial contracts finalized.		Completed
	Develop an implementation strategy for each selected EBP, including fidelity and outcomes monitoring.	Innovations Institute and Implementation Team	March 2009	Innovations drafted a protocol for program development which is being reviewed by the EBP State Implementation Team.		Completed
	Initiate EBP specific implementation strategy.	Innovations Institute and Implementation Team	Ongoing		The Institute continues their service as a training, technical assistance, and evaluation, resource for the Children's Cabinet's EBP initiative.	Ongoing

*Link to Strategy 4.2

Strategy 4.2: Consideration should be given, subject to the availability of funding, to the development and implementation of promising practices with clear and measurable goals and a process for accumulating practice-based evidence to validate the effectiveness of the practice.
Champion(s):

Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Identification of promising practices with recommendations. Design research that will evaluate and validate promising practice for promotion to a best practice. The design of a data collection process including software to manage the data.	Innovations Institute will create a briefing document for the Promising Practice focus group.	Innovations Institute	June 2009			
	Convene a Promising Practice focus group to prioritize up to 5 priority services in Maryland.	Innovations Institute and EBP Implementation Team	June 2009			
	Create a methodology to obtain core elements and outcomes data from sites implementing the prioritized services.	Innovations Institute and EBP Implementation Team	August 2009			
	Crosswalk of standards of program elements utilizing Maryland and national data.	Innovations Institute	September 2009			
	Identify best practice core elements of Maryland practice against national standards.	Innovations Institute and EBP Implementation Team	September 2009			
	Create white paper from data collection that informs the state regarding core elements and outcomes for identified promising practices.	Innovations Institute	October 2009			
Plan replication studies to validate EBP status. Implementation of practices promoted to EBP status, based on funding, population and outcomes desired.	Based on availability of funding, replication of promising practices occurs.	TBD				
	As evidence accumulates newly designated EBPs are fashioned according to population and desired outcomes.	TBD				
	Looking at the practices that aren't producing desired outcomes, shifts in funding are made to the newly chosen EBPs.	TBD				

Theme: **Continuum of Opportunities, Supports and Care** - There is a need for the Children's Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.
Recommendation 5: All families in Maryland should have access to affordable healthcare, which includes services for mental health, substance abuse and family counseling services.

Strategy 5.1: The Children's Cabinet should continue to support Maryland's initiative to expand health care coverage to uninsured Marylanders by expanding Medicaid to cover parents of children who are up to 116% of the Federal Poverty Level for Medicaid services and by providing insurance premium assistance to small businesses with low income workers.						
Champion(s): DHMH						
Collaborator(s): DHR, LDSSs, LHDs						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
More Maryland families are insured.	DHMH will train LDSS and LHD staffs to ensure eligibility guidelines are implemented.	DHMH	Completed.			
	DHMH reports to CCRT on a regular basis with status updates and number of enrollees who are up to 116% of the Federal Poverty Level for Medicaid services and by providing insurance premium assistance to small businesses with low income workers.	DHMH	Monthly			

Theme: **Financing -** The Children's Cabinet should identify and prioritize the results that it collectively wants to achieve and should align funding accordingly, with a balance of flexibility, accountability, and commitment to outcomes.

Recommendation 1: The Children's Cabinet should support the realignment of the Children's Cabinet Interagency Fund with the goals and priorities of the Children's Cabinet to meet identified needs. Any increase in local control and flexibility over funding for service delivery dollars and supports must be tied to outcomes, priorities and standards of care as identified by the Children's Cabinet, in addition to meeting any requirements imposed by outside funding sources. Local jurisdictions, families, and communities should partner with the Children's Cabinet to develop services and supports that meet identified local needs and are in alignment with local priorities, in addition to Children's Cabinet goals.

Strategy 1.1: The Children's Cabinet should align the distribution of monies from the Children's Cabinet Interagency Fund with its priorities and goals.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Governor's FY 2010 Allowance	Prepare talking points in support of Allowance	CCRT	Jan 09-April 09	Budget Request submitted to DBM	Budget meeting with DBM at end of November; Prepare written talking points in support of budget by January 30.	Completed
	Agree to attend legislative hearings & to support Governor's Allowance	Cabinet Secretaries	Jan 09-April 09 Ongoing	State Agencies attended legislative hearings and supported Governor's Allowance.		Completed

Strategy 1.2: The Children's Cabinet should require that any funds distributed from the Children's Cabinet Interagency Fund be clearly tied to articulated performance expectations and standards for accountability.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Performance expectations & standards for accountability	Develop performance expectations for each item	CCRT	Feb 09-May 09 Ongoing	Disbursement of funding to LMBs is contingent upon the development and implementation of performance measures for each funded strategy. Performance expectations and clearly defined contract deliverables are required for other awards.	As part of the Community Partnership Agreement, LMBs develop performance measures tables for each program/strategy funded by the Children's Cabinet fund. These tables become the template for the required semi-annual and annual reports.	Annually
	Develop standards for accountability for each item	CCRT	Feb 09-May 09		Same as above.	Annually

Strategy 1.3: The Children's Cabinet should develop expertise on performance-based contracts to support the provision of effective services.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Inventory of performance-based contracts in use and potential for additional use among Children's Cabinet agencies	Identify Children's Cabinet departments that use performance-based contracts.	CCRT	Oct – Dec	DHR is doing performance-based contracting for residential child care contracts to be effective 4/13.	Send email to CCRT asking them to identify any such contracts. DHMH's new Medicaid financing structure has the potential for performance-based contracting. This is one option under consideration.	
	Gather examples. Other MD agencies? Other states? Local entities?	CCRT	Oct – Dec		Volunteers from CCRT to research.	
	Identify areas that need performance-based contracts, but don't use.	CCRT	Oct – Dec		Each CCRT agency.	

Strategy 1.4: The Children's Cabinet should prioritize financial support for family-centered and culturally-competent evidence-based and promising practices, including family and youth peer support structures and organizations and gender-specific interventions.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Inventory of EBPs in use and potential for additional use.	Develop listing of current EBPs, funding, numbers served.		Done already.	Innovations already has list, with funding amounts.		Completed
	Develop listing of potential savings due to current EBPs.		Done already	Innovations already has list		Completed
	What is the potential in MD for additional EBPs?		Done already	Innovations already has list	Listing of potential uses with attached funding and savings.	Completed

Strategy 1.5: The Children's Cabinet should develop a financing plan to correspond with the evidence-based and promising practices prioritization and implementation plan. One future component of the financing plan could include an exploration of federal fund maximization.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
A written plan with specific services and practices listed	Identify programs which could be replaced by an EBP, funded by money re-direction.		Feb.-March 2009	DJS has used funds from closed facility to expand MST services		
	List current services that could be changed to use EBPs.		October – December 2008	The federal MIECHV grant requires implementation of one or more of the following EBPs - Early Head Start - Home-Based Option; Family Check Up; Healthy Families America (HFA); Healthy Steps; Home Instruction Program for Preschool Youngsters (HIPPY); Nurse-Family Partnership (NFP); and Parents as Teachers (PAT). Beginning with FY11 funding, the Children's Cabinet required that programs/strategies implemented by LMBs were EBPs listed on SAMHSA's National Registry of Evidence-based Programs and Practices; Listed as "Effective," "Promising," or "Exemplary" in the Matrix of Prevention Programs updated 8/29/11 by the Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder; or were: a. Locally-developed programs with data that supports positive outcomes/results; b. Programs that are research-based or supported; or c. Out-of-school time programs that utilize the Maryland Out-of-School Time Quality Standards Framework. DJS continues to fund EBPs (MST and FFT) in various jurisdictions. DHR funds MDTFC and FFT.		Ongoing
	Determine whether any proposal meets the criteria of the Medicaid State Plan by confirming with	Medicaid-Susan Tucker	January 2009 – July 2009	Maryland Medicaid submitted State Plan for MST and FFT on September 30,	Medicaid has received comments from CMS and is preparing a response with assistance from	

	Medicaid staff. If not, what can be done?			2009. The CMS proposal was denied because the State would not limit the population to only DJS-involved youth.	Innovations. This could be reconsidered in the future as finances allow and/or part of financing of a new Medicaid structure. As part of the State FY 2012 budget (for the fiscal year July 1, 2011 – June 30, 2012), the Maryland General Assembly asked the Department of Health and Mental Hygiene to convene a workgroup and provide recommendations "to develop a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues." In making this request, the General Assembly recognized the current need for improved coordination in Maryland's approach to individuals with behavioral health conditions.	
	Develop proposal for FY 2011 budget submission		July 2009 – August 2009			
	List services or recipients OTHER THAN CURRENTLY COVERED BY THE STATE that could possibly be included in the future.		October – December 2009			

Strategy 1.6: The Children's Cabinet should encourage the local units of their agencies to develop home- and community-based resources that are based on local needs assessments in addition to the Children's Cabinet's priorities.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Presentation for all counties developed and presented	CCRT to develop presentation (written and verbal) for the local jurisdictions. Emphasis should be two-fold: efficacy and affordability.	Kim Malat	3/09	DHR completed service array assessments for each local DSS. It remains the intent of the Children's Cabinet that LMB earned reinvestment funds be used primarily for the development of community-based services for youth.		
	Present to locals	Kim Malat	4/09 – 10/09		Schedule date and location (or several)	
	Follow-up on questions; Need for training in performance based contracting.	Kim Malat	4/09 – 10/09			

Strategy 1.7: The Children's Cabinet should develop an annual briefing that articulates the programs and initiatives under way in each Agency on behalf of children and families. The briefing should clearly articulate measurements for success and highlight proposals for expansion to help eliminate redundancies and move toward a more comprehensive understanding of Agency efforts and priorities.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Annual briefing	Review current reports/presentations (e.g., JCCYF hearings, JCR report). Decide if any key facets of CC operations are missing.	CCRT, GOC	February 1 –March 30, 2009			
	Determine timeframe. (If briefing to be prepared for FY 2009, must include reductions from BPW cost containment 10-15-08).	CCRT, GOC staff	March 30, 2009		Schedule meeting specifically for this purpose. Could be teleconference to start. Could be part of CCRT meeting.	
	Gather agency materials. Determine responsibility for summarizing.	GOC staff	April 1 – May 30, 2009	Perhaps already done in terms of Results Book, JCR report		

	Get consensus from all CCRT agencies on written materials.	GOC	June 2009	Perhaps already done in terms of Results Book.	Should be ready by legislative budget hearing (February 2009)	

Theme: Financing - The Children's Cabinet should identify and prioritize the results that it collectively wants to achieve and should align funding accordingly, with a balance of flexibility, accountability, and commitment to outcomes.

Recommendation 2: The Children's Cabinet should pursue and support innovative financing structures that have the ability to infuse additional resources into the child-family serving system. These structures may result in the redirection of funds from deep-end costs to effective front-end opportunities, services and initiatives.

Strategy 2.1: The Children's Cabinet should explore various innovative financing structures that that will provide an infusion of resources to address identified priorities. This could include identification of opportunities for federal fund maximization, with an understanding of the limitations on these funds and the risks involved, as well as an emphasis on obtaining private funding to support community initiatives.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
List of potential financing strategies	Brainstorm various strategies including opportunity compacts	CCRT, Innovations	List before January 2009	Innovations maintains a list of various strategies. The Children's Cabinet has identified and been the recipient of the following opportunities that have provided an infusion of resources to the State: • MIECHV grant • Designation as a PEW state • Federal Hunger-Free communities Grant • ACCWIC (Atlantic Coast Child Welfare Implementation Center) "Youth Matter" grant • SAMHSA MD CARES and Rural CARES SOC grants • 1915c PRTF Waiver • CHIPRA Quality Demonstration Grant • SAMHSA Policy Academy • Waiver Expansion Grant	Set meeting dates to discuss. Get appropriate staff.	
	Flesh out each of strategies and evaluate	CCRT, Medicaid staff in applicable	January – April 2009		Ensure that Medicaid staff included as appropriate.	
	Determine which strategies should be attempted	CCRT, Medicaid staff if applicable	May 2009		Ensure that Medicaid staff included as appropriate.	

Strategy 2.2: The Children's Cabinet should explore opportunities to engage in reinvestment strategies to enhance programs in the child-family serving systems without requiring additional funds

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
List of reinvestment strategies	Brainstorm various strategies including opportunity compacts	CCRT, Innovations	List before January 2009	Innovations maintains a list of various strategies.	Set meeting dates to discuss. Get appropriate staff.	
	Flesh out each of strategies and evaluate	CCRT, Medicaid staff in applicable	January – April 2009	Two Opportunity Compacts have been funded.	Ensure that Medicaid staff included as appropriate.	
	Determine which strategies should be attempted	CCRT, Medicaid staff if applicable	May 2009	Public safety compact near completion	Ensure that Medicaid staff included as appropriate.	

Strategy 2.3: The State should study Medicaid payment rates for therapeutic behavioral services and children's psychiatric rehabilitation program (PRP) services.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Written strategy to increase rates without additional funding	Develop list of services and rates and proposed changes. Does MHA have proposed changes? How should new rates be developed? Should utilization be discussed? Are some services being inappropriately utilized? Could increase in rates for some services come from decrease in utilization of other services?	MHA	Spring 2010	MHA reviews rates for services each year in the spring.	As part of the State FY 2012 budget (for the fiscal year July 1, 2011 – June 30, 2012), the Maryland General Assembly asked the Department of Health and Mental Hygiene to convene a workgroup and provide recommendations "to develop a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues." In making this request, the General Assembly recognized the current need for improved coordination in Maryland's approach to individuals with behavioral health conditions.	
	Develop cost estimates for desired changes	MHA and Medicaid	Spring 2010			
	Develop strategy to fund increase in rates without additional funding	MHA and Medicaid	Summer 2010			

Theme: Financing - The Children's Cabinet should identify and prioritize the results that it collectively wants to achieve and should align funding accordingly, with a balance of flexibility, accountability, and commitment to outcomes.

Recommendation 3: Maryland should serve children and youth eligible for residential treatment centers efficiently and effectively through a Care Management Entity using High Fidelity Wraparound while maximizing state funds by drawing down federal match dollars wherever possible under the Residential Treatment Center Waiver (1915(c) Psychiatric Residential Treatment Facility Waiver).

Strategy 3.1: The Children's Cabinet should support the implementation and utilization of the RTC Waiver (1915(c) Psychiatric Residential Treatment Facility Waiver) across the state, within the constraints of the State budget.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Written strategy to fully implement the RTC Waiver without additional funding.	MHA to develop specific list of ways in which waiver could be used, but for which it is not now being used	MHA	Ongoing	CME structure statewide and use of CSI and Rehab Option dollars has helped expand RTC Waiver to other jurisdictions, eventually statewide. Meetings are occurring between MHA and Medicaid about the possibility of using Money Follows the Person to support the RTC Waiver and enhance the number of individuals who can be served. The regulations are being revised to incorporate feedback received from stakeholders about ways that the RTC Waiver can better support families and providers.	DHMH submitted an application for the continuation of 1915c Waiver services for youth who are currently enrolled as of 9/30/12 until they are no longer eligible or reach the end of the term. DHMH is developing an application for a 1915i Medicaid State Plan Amendment as a sustainability option for the 1915c.	
	Develop cost estimates for desired changes	MHA, Medicaid	Ongoing	Cost estimates for individual Waiver participants' plans of care have been generated, prior to enrollment and once youth are enrolled, to track costs and project the ability to serve more youth or provide more services.		
	Develop strategy for enhanced utilization without additional funding	MHA, Medicaid	Ongoing	Savings from closure of RTC beds have been used to fund budget deficits.		

				The regulations are being revised to incorporate feedback received from stakeholders about ways that the waiver can better support families and providers.		

Strategy 3.2: The Children's Cabinet should consider creating and using case rates for high utilization populations to allow greater local flexibility and individual service planning and delivery, within the constraints of the budget and federal and state laws, regulations and requirements.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Written strategy for using case rates	MHA to develop list of services and populations for which case rates could be used, but for which case rates are not now being used	MHA	Ongoing	Focus now is to get RTC Waiver operational in all jurisdictions. Case rate discussions are in the future. Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant that focuses on the use of CMEs. It is a multi-state collaborative with GA and WY and support from the Center for Health Care Strategies. The final notice of grant award was issued in August 2010.	The CHIPRA grant will be implemented, with some of the priority activities to include the exploration of case rates for the CMEs. This could be accomplished by a new Medicaid financing mechanism that could contract for special populations.	
	Discuss procurement issues and necessary paperwork	MHA, Medicaid	Winter 2010	See above regarding CHIPRA Grant	See above re: CHIPRA Grant.	
	Develop strategy for implementing cases rates systematically for specific populations	MHA, Medicaid	Summer 2010	See above regarding CHIPRA Grant	See above re: CHIPRA Grant	

Theme: Education - The education system is the one child-family serving system that touches nearly every child in Maryland. Increasingly, these programs include pre-school programs and programs related to the transition of youth to employment. Services and supports within the education system need to address the diverse needs of children and youth to enable them to be successful in life. Children and youth should be able to access traditional and non-traditional services and pathways, child- and family-centered resources, and opportunities for growth and learning in their own communities to reduce the likelihood of out-of-home placements and other poor outcomes. Local education programs need to focus greater attention on creating safe and supportive learning environments and workforce development strategies.

Recommendation 1: The State should continue to invest in high quality early education and pre-kindergarten programs for all children**.**

Strategy 1.1: The State should continue to build on its early care and education initiatives, with priority for early education programs given to children who are at-risk due to poverty, disability, or other circumstance.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Continue to issue annual report, Children Entering School Ready to Learn.	From September 2011 to March 2012, MSDE will provide training to teachers and collect and analyze MMSR Kindergarten Assessment information on all entering kindergarten students to include in the annual report, Children Entering School Ready To Learn.	Rolf Grafwallner	Sept. 2011 – March 2012	MSDE issued reports and informed stakeholders on the results since 2001 through widely-disseminated reports and the MSDE website (www.marylandpublic schools.org/MSDE/divisions/child_care)	Next report will be issued in March 2012	Completed
Continue to implement the DECD Three-Year Strategic Plan to promote school readiness and improvement in child care quality	MSDE will support the Division's efforts to implement the recently completed the Division of Early Childhood Development's Strategic Plan according to specified timelines and benchmarks (www.marylandpublicschools.org/MSDE/divisions/child_care).	Rolf Grafwallner	July 2011-June 2013	MSDE met approx. 87% of all established benchmarks. The 2010-2012 Division of Early Childhood Development's Strategic Plan was completed.	The 2010-2012 Division of Early Childhood Development's Strategic Plan is posted at: http://www.marylandpublicschools.org/MSDE/divisions/child_care/planning	July 2009

Strategy 1.2: Families and youth should be participants in monitoring quality assurance for programs and services

Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
	Provide annual leadership conference in scientifically based reading research (SBRR) for leaders in Maryland to increase K-3 reading proficiency	Reading First staff and consultants	November 2003-November 2009	Annual meeting attended by over 300. Participation from the US Department of Education Reading First Director and Deputy Secretary.	Complete 2008 conference which will be held November 12, 2008 and 2009 Conference held September 25, 2009	Completed
	Provide professional development to Reading First schools for K-3 teachers in (SBRR) and effective reading practices	Reading First staff and consultants	December 2002-September 2010	Statewide professional development is provided in schools, regionally and through a summer Maryland Institute of Beginning Reading for K-3 teachers, Summer Reading Conference, para-educators, special educators and other literacy staff persons. Provide summer institute in 2009. Assist school districts in planning follow-up professional development.		Ongoing
	Provide professional development for Maryland Institutions of Higher Education (IHEs) in SBRR and Language Essentials of Reading and Spelling so that reading instructions can infuse this into the approved courses in Reading for teacher certification.	Reading First Staff/ consultants/ IHE Reading Instructors and Professors	November 2005-December 2009 and continuing	This professional development continues to be provided for 2 and 4 year institutions.	Assist IHE leaders in continuing professional development to newly hired staff. This professional development will continue to assist IHEs in reading course development and instruction in for pre-service and currently serving elementary teachers.	Ongoing

Theme: Education - The education system is the one child-family serving system that touches nearly every child in Maryland. Increasingly, these programs include pre-school programs and programs related to the transition of youth to employment. Services and supports within the education system need to address the diverse needs of children and youth to enable them to be successful in life. Children and youth should be able to access traditional and non-traditional services and pathways, child- and family-centered resources, and opportunities for growth and learning in their own communities to reduce the likelihood of out-of-home placements and other poor outcomes. Local education programs need to focus greater attention on creating safe and supportive learning environments and workforce development strategies.

Recommendation 2: Schools in Maryland should be supported to engage in family and youth-centered practices to reduce disciplinary actions and improve outcomes by building on a number of successful practice-shifts and interventions that have been implemented in schools across the state.

Strategy 2.1: The Maryland State Department of Education should continue to collaborate with the Department of Health and Mental Hygiene to create linkages between Positive Behavior Interventions and Supports (PBIS) and school-based mental health services with a goal of expanding to all Maryland public schools.						
Champion(s): Children's Cabinet, MSDE, DHMH, and PBIS Management Team						
Collaborator(s): Johns Hopkins University, Sheppard Pratt Health System, MSDE, DHMH, and 24 local school systems						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
MSDE and its PBIS partners will provide training and technical assistance to Local School Systems in PBIS at all three tiers: Universal, Targeted and Intensive.	Seek sources of funding to: 1) train new schools in Universal PBIS interventions; 2) continue providing technical assistance to the 652 schools that are actively implementing universal strategies; and 3) develop integrated curriculum and provide training in Targeted and Intensive interventions.	State Superintendent; Safety Action Team; MSDE staff	Ongoing July 2010	Over the target Budget Request has been submitted for 2010. Safety Action Team understands and supports the plan to expand PBIS by developing and providing training and TA in Targeted and Intensive interventions. Beginning work on district and school readiness criteria to ensure ongoing support for schools trained in Targeted PBIS interventions. Prepare for implementation of amended 7-304.1—PBIS for schools	Continue seeking alternative funding streams which are necessary for expansion. Spring Forum held in 2010 to engage schools that must be trained in PBIS as a result of the truancy and suspension mandate. Held Summer	Completed Completed Completed

				with high rates of suspension and truancy. National group of implementers meeting in October, 2008 to share targeted and intensive curriculum.	New Team training 2010 for schools that must implement PBIS as a result of the truancy and suspension mandate (23 schools participated in this event).	Completed Completed
			October 2010- 2014	Submitted a proposal to OSEP for funding to build on Maryland's PBIS infrastructure and promote positive school climate. PBIS Maryland was awarded a $13.2M "Safe and Supportive Schools" grant.	Target and recruit 60 persistently low achieving schools for participation in grant funded research activities; hire and train 4 Climate Specialists to provide outreach and evidence-based intervention to selected schools. In collaboration with LEAs, community partners, and State agency partners, develop a sustainable, valid Statewide system for assessing school safety, engagement, and school environment as reported by students, parents, and staff. Implement a continuum of evidence based practices to meet student needs. Reduce rates of school violence and substance use; improve student engagement and school climate.	Ongoing
	Research existing training and TA in Targeted and Intensive intervention strategies in states similar to Maryland. Develop readiness criteria and curriculum to provide training to schools in a range of Targeted interventions. Identify initial cohort of schools for first phase of Targeted training.	PBIS Management Team and national, State, and local partners	October, 2008 – October , 2009 Ongoing	National partners provided the PBIS State Leadership Team with training on the structure and outcomes of Targeted and Intensive PBIS interventions being utilized in other States. National partners provided the PBIS State Leadership Team with initial training on the implementation of an evidence-based Targeted PBIS intervention, "Check In, Check Out" (CICO).	Further assess fidelity of implementation and local support of existing PBIS schools in Universal PBIS. Develop critical features of district and school level commitment for expansion into Targeted and Intensive interventions. Communicate readiness criteria to Local Superintendents. Provide targeted outreach and training to Nonpublic Special Education Facilities ("PBIS Special Schools") on the implementation of "Check in, Check Out" to serve students with intensive needs.	Ongoing
	Develop and disseminate Maryland's PBIS framework for implementation which includes School Mental Health strategies at all three tiers.	MSDE @ all levels; Blueprint SMH Workgroup; PBIS partners	Dissemination-Ongoing	Framework developed and approved @ MSDE and Blueprint SMH Workgroup Maryland State Team presented "Building A Collaborative Culture for Student Mental Health" at the 2010 School Mental Health Conference.	Identify mechanisms for dissemination.	In progress Completed
	Continue active participation in the Blueprint for Mental Health's School Mental Health Workgroup to ensure coordination and linkage with school-based and community partners.	Marcella Franczkowski, Co-Chair; Alice Harris; Chuck Buckler, Andrea Alexander	Ongoing	Establish a formal partnership between Maryland's PBIS and SEFEL State Leadership Teams to align these 2 initiatives. Seek guidance and technical assistance around data collection strategies and evidence-based practices for the alignment of the SEFEL and PBIS	Develop a framework and guidelines for the alignment of PBIS and SEFEL. Implement a pilot program to link SEFEL and PBIS sites and study the impact of these initiatives on early childhood transitions and outcomes.	In progress

				initiatives.		
	Explore establishment of PBIS Partnership Team and create linkage to Children's Cabinet through semi-annual reporting.	MSDE Interagency staff; PBIS Management Team	Start: October, 2008 Complete: December 2008	Due to staffing transitions, the timeline for this goal should be extended to 2011- 2012.	Meet with leadership regarding need for broader perspective of agencies, families and youth to support PBIS expansion. Identify recommended partners for Team, if approved. Request participation in initial meeting, if approved.	

Strategy 2.2: For children in out-of-home care, the State should ensure that placements allow children to remain in their home school whenever possible and when consistent with their educational needs. Workers should be oriented to the State's handbook on foster care children, particularly the chapter on the education of foster children. This handbook should be broadly available on DHR and MSDE's websites and statewide dissemination should be incorporated into workforce training, particularly for those workers involved with placement decisions.

Champion(s): Department of Human Resources, Maryland State Department of Education, local school systems, and local departments of social services

Collaborator(s): DHR and MSDE

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
DHR Access to Education Handbook	The Handbook is completed with partners from DHR and MSDE scheduling a review to determine where modifications need to take place. The Handbook is on the DHR and MSDE websites.	John McGinnis DHR Staff	No joint meetings have occurred. MSDE continues to update pupil personnel workers (PPWs), school social workers, and school counselors. DHR expresses its intent to have joint training but it has not occurred to date.	Completed Completed along with a companion training video	Training of DHR, DSS staff, and local school systems on the Handbook contents. Revision in progress to incorporate Fostering Connections. Projected completion for Fall 2012.	Continuous and ongoing at Administrative Meetings.
	Since SY 2007-2008, regularly scheduled administrative meetings are held with LSS Directors and Coordinators of Student Services, Pupil Personnel School Counseling, and School Psychology. These will continue and information from the Handbook will be shared with the participants.	John McGinnis DHR Staff	Ongoing	Ongoing This continues with groups indicated and school social workers. It is done by MSDE personnel in a trainer of trainers model.	Continue training	

Strategy 2.3: The Maryland State Department of Education should continue to work with local school systems to improve uniformity and consistency in definitions, consequences, and implementation of existing federal and state rules and policies regarding suspensions, expulsions, and other disciplinary methods for students across systems and schools.

Champion(s): MSDE

Collaborator(s): MSDE, local school systems

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Maryland State Guidelines for a State Code of Discipline	Draft guidelines developed	MSDE	9/08-7/10	Subcommittee of Multiple Suspension Task Force formed and has held regular meetings. MSBE has put this group on hiatus in order to further examine issues related to the effects of long-term suspension and expulsion.	Continue development of guidelines with standards of conduct and consequences for violations of standards. The Committee will re-convene to complete the guidelines for the State code of Discipline after the MSBE concludes its study. A Committee met and proposed guidelines for the new Student Record's Manual that is being developed. Mr. Buckler is actively involved in the review of recommendations.	ongoing
	Reactions to guidelines sought from stakeholders	MSDE	6/09-8/11	Future		

	Maryland State Board adopts guidelines	MSDE	5/10- 8/11	Future		
	LSS implements new State Code of Discipline regulations.	LSS	8/12-8/13	Future		

Strategy 2.4: Local school systems should be encouraged to implement evidence-based practices, programs, supports and services to create opportunities for youth to remain in school and reduce suspensions, expulsions, and violence.						
Champion(s): Safe and Drug-Free Schools and Communities specialists at MSDE						
Collaborator(s): All 24 LSSs						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Implementation of evidence-based programs in schools to reduce suspensions, expulsions, and violence.	Require LSSs participating in the federal Safe and Drug-Free Schools and Communities (SDFSC) Program to implement evidence-based programs in schools to reduce suspensions, expulsions, and violence.	MSDE SDFSC staff	N/A	Under the Federal SDFSC Program, LSSs received funding to implement evidence-based programs to prevent/reduce violence in and around schools. The program is no longer funded. The last funding was received on July 1, 2009.	N/A	

Strategy 3.1: Provide greater access to affordable community- and school-based intra- and extra-curricular activities that promote character building and enhance self esteem, building on the many innovative partnerships already in place in jurisdictions throughout Maryland.						
Champion(s):						
Collaborator(s):						
Deliverable	**Action Steps**	**Key Staff**	**Proposed Timeline (Start & End Dates)**	**Progress & Accomplishments To Date**	**Next Steps**	**Completed**
Implement *Character by Design: A Blueprint for Successful District and School Initiatives*	Present *Character by Design* to 21st Century Project Directors	Paula McCoach	11/06/08	*Character by Design* presented to district and school staff for implementation in every area of the district/school on 10/02/08.	Ongoing monitoring of 21st Century and Character Education initiatives throughout districts.	Ongoing
	Delineate ways to use the strategies in the book to enhance character education activities in their after-school initiatives	Paula McCoach	11/06/08	Strategies at a Fall 2009 21st CCLC networking meeting to all were presented and delineated grantees.	Ongoing monitoring of 21st Century and Character Education initiatives throughout districts.	Ongoing

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Recommendation 4: Children and youth should have access to comprehensive community- and school-based youth programs whose purpose is to improve academic achievement, create a sense of belonging and promote youth leadership, self-esteem and character-building through the principles of positive youth development and other established standards for intra-curricular and afterschool programming.

Strategy 4.1: Schools across Maryland should be equipped with the resources and materials, as recommended by Maryland State Department of Education, to provide extensive school-based alternative education programs, Career and Technology Education (CTE) programs, apprentice training, and post-secondary education, as well as opportunities for dual enrollment to support students (including returning students up to the age of 21 and special education students), with academic and/or behavioral needs.

Champion(s):

Collaborator(s):

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Increase access to MD's CTE Programs of Study	Expand CTE programs in local school systems leading to college credit and industry certifications; and where appropriate apprenticeship programs.	Katharine Oliver – CTE Staff	Ongoing	Awarded FY12 Formula and Reserve Fund Grants to Local School Systems (LSSs) and community colleges to provide value – added CTE programs (leading to opportunities for dual enrollment, articulated/transcripted credit; and industry-recognized credentials).	Monitor implementation; provide technical assistance and professional development to ensure quality CTE programming.	Ongoing
	Expand Project Lead The Way (PLTW) high school and Gateway to Technology middle school program availability and increase student enrollment in STEM-related programs (Science, Technology, Engineering, and Mathematics).	K. Oliver CTE Staff	Ongoing	Increased enrollment in PLTW programs. IN FY12, 19 LSSs offer the PLTW Pre-engineering Program in 71 schools; 34 middle schools offer Gateway to Technology; 18 schools offer Biomedical Sciences	Conduct PLTW college certification visits for program fidelity; ensure data collection occurs; increase minority and female involvement in STEM-related courses and programs. Increase the number of PLTW Biomedical Sciences program in Maryland.	Ongoing
	Provide professional development to LSSs to support CTE teachers as they differentiate instruction and coordinate services for students with special needs.	K. Oliver CTE Staff	Ongoing	Developed processes for LSSs to work with special education to assess students' interests through use of the Maryland Career Development Framework and determine appropriate placements in CTE programs	Continue to work with a design team interested in providing supports for students with special needs to help them succeed in CTE programs.	Ongoing
	Expand professional development for CTE teachers and guidance counselors for continuous improvement of programs and increase awareness of opportunities provided through Maryland's CTE programs of study.	K. Oliver CTE Staff	Ongoing	Conducted professional development for CTE teachers through summer institutes and ongoing professional development aligned with Maryland's Teacher Professional Development Standards. Awarded FY11 Formula and Reserve Fund Grants to LSSs and community colleges to provide support for instructors to attend industry sponsored professional development.	Continue to provide professional development; apply for Continuing Professional Development (CPD) Credit so that teachers can earn credit as appropriate. Continue to provide information to guidance counselors and parents about the benefits of CTE programs of study.	Ongoing

ABBREVIATIONS

ADAA – Alcohol and Drug Administration, in DHMH
ASO – Administrative Services Organization
ADT – Alternatives to Detention
BPW – Maryland Board of Public Works
CC – Children's Cabinet
CCRT – Children's Cabinet Results Team
CESAR – Center for Substance Abuse Research in the College of Behavioral and Social Sciences, University of Maryland College Park.
CFR – Code of Federal Regulations
CHESSIE – Children's Electronic Social Services Information Exchange
CHIPRA – Children's Health Insurance Program Reauthorization Act (CHIPRA) – A federal quality demonstration grant awarded to a collaborative project that includes Maryland, Georgia and Wyoming.
CME - Care Management Entity
CSA - Core Service Agency
CSEA – Child Support Enforcement Administration, in DHR
CSI – Community Services Initiative
CFT- Child and Family Team
CTE – Career and Technology Education
DEWS – Division of Eligibility Waiver Services, in DHMH
DHHS – Federal Department of Health and Human Services
DHMH - Maryland Department of Health and Mental Hygiene
DHR - Maryland Department of Human Resources
DJS - Maryland Department of Juvenile Services
DPSCS – Maryland Department of Public Safety and Correctional Services
EBP – Evidence Based Practice
EPSDT – Early Periodic Screening, Diagnosis and Treatment
FSO – Family Support Organization
FIA – Family Investment Administration, in DHR
FIM – Family Involvement Meeting
FY - State Fiscal Year
GOC – Maryland Governor's Office for Children
HF – Healthy Families
HIPPY – Home Instruction Program for Preschool HIPPY – Home Instruction Program for Preschool Youngsters
HIPAA – Health Insurance Portability and Accountability Act
HRSA - Health Resources and Services Administration of DHHS
HV – Home Visiting
ILC – Interagency Licensing Committee
I&R - Information and Referral
IRB – Institutional Review Board
Innovations – The Innovations Institute of the University of Maryland School of Medicine
The Institute – The Institute for Innovation and Implementation of the University of Maryland School of Social Work
JCR – Joint Chairmen's Report
LAM – Local Access Mechanism

LEA – Local Education Authority
LCC – Local Coordinating Council
LCT – Local Care Team
LDSS – Local Department of Social Services
LMB – Local Management Board
LMPP - Licensing Monitoring Policies and Practices Workgroup
LSS – Local School System
MA – Medical Assistance Programs, in DHMH
MALMBD – Maryland Association of Local Management Board Directors
MCASP – Maryland Comprehensive Assessment and Service Planning – Risk and Needs Assessment
MCO – Managed Care Organization
MHA – Mental Hygiene Administration, in DHMH
MIECHV - Maternal, Infant, and Early Childhood Home Visiting Grant administered by DHHS and jointly managed by HRSA and the Administration for Children and Families (ACF).
MIS – Management Information System
MSDE – Maryland State Department of Education
MYAC – Maryland Youth Advisory Council
MYFISP - Maryland Youth and Family Information Sharing Protocol
NFP – Nurse Family Partnership
PAT – Parents as Teachers
PEU – Program Evaluation Unit
PMHS – Public Mental Health System
POC – Plan of Care
PPW – Pupil Personnel Worker
PRTF – Psychiatric Residential Treatment Facility
RDLC – Resource Development and Licensing Committee – No longer meeting as of December 2009
RFP – Request for Proposals
RTC – Residential Treatment Center
SAMHSA - Federal Substance Abuse and Mental Health Services Administration, in HHS
SED – Serious Emotional Disability
SOCTI – Systems of Care Training Institutes
SMI – Serious Mental Illness
SSA – Social Services Administration, in DHR